

middle line and once over the right iliac region, the peritonitis was too advanced for any hope of a successful issue. In one of the cases remaining there was a basic empyema, and practically no evidence pointing to the condition of the appendix; in the fifth and last, the symptoms were those of mild peritonitis, without any evidence pointing to the cæcal region as its starting point.—*Brit. Med. Jour.*, April 22, 1893.

#### EXTREMITIES.

**I. Rupture of the Patellar Attachment of the Left Quadriceps Extensor Cruris.** By J. W. BAWDEN, M.D. (London). A man, aged sixty-nine, slipped, falling backward with his leg under him, and, although he had no pain was unable to rise or to straighten his leg. Examination demonstrated that the patella and its ligament hung loose under the integuments. The extensor muscles were retracted, leaving a space of about three inches between the upper edge of the patella and the sharp lower end of the ruptured muscular attachment. The limb was treated by extending it to the utmost, then pulling the skin downward over the knee, at the same time pressing the patella upward as far as possible, and strapping it into position with plaster; next, the ruptured muscles were treated in the same manner, and the parts brought together as nearly as possible. The limb was then flexed sufficiently to be comfortable, fixed on a back splint, and swung from a cradle; the space between the torn edges of the tendon was now but about half an inch. After three weeks the straps were removed, but applied again for two weeks more. The joint was then supported in plaster-of-Paris for a month, after which a leather knee-cap was worn. The patient recovered good use of the limb, limping slightly only. The author considers hypertrophy of the muscles and bones of the knee due to the patient's occupation, with later muscular degeneration, to be the predisposing cause of the accident.—*London Lancet*, February 11, 1893.

**II. Injury of the Anterior Tibial Artery Complicating Compound Fracture of the Leg.** By A. PEARCE GOULD, F.R.C.S. (London). Commenting upon the paucity of the literature of injuries of main vessels complicating fractures, the author relates the case of a man, aged fifty-two, whose leg was broken by a cart wheel passing over it. There was a compound oblique fracture of the right tibia and fibula, a little below the middle of their shafts. It was treated antiseptically, but on the eleventh day, fluctuation being detected over the inner surface of the tibia, an incision was made, and about two ounces of blood clot turned out. Two days later acute haemorrhage from the wound occurred ; the posterior tibial artery was pulsating at the ankle, but no pulsation could be detected on the dorsum of the foot. With a diagnosis then of haemorrhage from the anterior tibial artery, a free incision was made, and the lower end of the vessel easily found and tied with kangaroo tendon in the lower part of the wound ; the upper end, widely separated from the lower, was found with considerable difficulty, and also tied. The anterior tibial nerve had also been divided by the injury, but its suture was not attempted. On account of the extreme swelling of the limb the wound could not be sutured. A small loose bit of bone was removed from the wound, and an alembroth wool dressing applied. The patient made a good recovery, with a sound, straight leg, and but little stiffness of the knee and ankle joints. The author remarks in connection with the case that the haemorrhage was due not to septic arteritis, but to traumatism ; the escaping blood being at first only moderate, but on breaking out afresh becoming very profuse. To have ligatured the popliteal artery would have unnecessarily cut off the direct supply of blood to the part through the posterior tibial artery, and the tension of the leg was so great that it was doubtful if the anastomotic circulation could have been established. To tie the bleeding artery where wounded offered the advantage of an assured arrest of the bleeding without any additional interference with the arterial supply to the foot, the relief of tension by the evacuation of the effused blood, and the hastening of the repair by the same means.

Attention has been called to the difficulty of finding the artery when the usual landmarks are lost. Not much difficulty was experienced in the present case, chiefly because of the free incision down to it, although the author thinks that the difficulty of the procedure has been exaggerated. Amputation should be entirely abandoned as a routine treatment for haemorrhage in compound fracture, only being justified by some additional special circumstance, such as failure to secure the bleeding vessel or extensive septic infection of the tissues of the limb. He formulates his views on the subject as follows:

(1) In primary haemorrhage the bleeding vessel should be sought for in the wound and, if possible, both ends ligatured. For this purpose the wound may require to be considerably enlarged. If, after a free exposure of the wound and a careful search, the bleeding vessel cannot be found, amputation is necessary.

(2) In non-septic secondary haemorrhage the same rule should be followed.

(3) In secondary haemorrhage from septic arteritis, if the suppuration is limited in area the bleeding vessel should be sought in the wound, and a ligature placed on it some little distance above and below the aperture in it, and the most careful means employed to make and keep the part aseptic. Should the haemorrhage recur the main artery may be ligatured. Should this fail to arrest the bleeding, or should the septic suppuration in the first place be very extensive, amputation above the seat of fracture is indicated.—*London Lancet*, March 4, 1893.

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#### GENITO-URINARY ORGANS.

**I. Cases of Nephrectomy, with Remarks.** By Dr. M. H. RICHARDSON (Boston). The author reports four successful nephrectomies, two for tuberculosis, one for adenoma and one for hydronephrosis, caused by an impacted calculus in the ureter.

In approaching the kidney, the author selected in all an anterior incision in the linea semilunaris. He was influenced to select this